

✓  
L06000077094

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

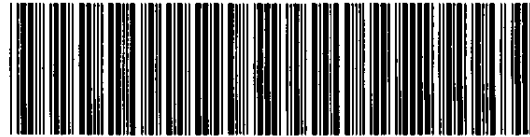
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700240571467

10/15/12--01047--004 \*\*25.00

FILED  
12 OCT 15 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 16 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINDERMERE CENTER FOR DENTISTRY, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW D. MCKISSOCK

Name of Person

Firm/Company

4769 THE GROVE DRIVE, STE 100

Address

WINDERMERE, FL 34786

City/State and Zip Code

DRMATT@WINDERMEREDENTIST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW D. MCKISSOCK

Name of Person

at ( 407 )

739-0998

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
12 OCT 15 PM 12:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: WINDERMERE CENTER FOR DENTISTRY,LLC

2. (a) Principal office address of limited liability company: 4769 THE GROVE DRIVE

**(Note: MUST BE STREET ADDRESS)**

SUITE 100  
WINDERMERE, FL 34786

(b) Mailing address of limited liability company: 4769 THE GROVE DRIVE

**(Note: MAY BE POST OFFICE BOX)**

SUITE 100  
WINDERMERE, FL 34786

5/01/2007

L06000077094

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MCKISSOCK, MATTHEW D DMD

Registered Office Address:

8976 CONROY WINDERMERE ROAD  
ORLANDO FL 32835

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

MATTHEW D. MCKISSOCK

NEW Registered Office Address:

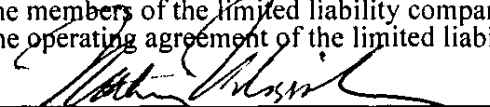
4769 THE GROVE DRIVE

**(MUST BE FLORIDA STREET ADDRESS)**

SUITE 100

WINDERMERE FL 34786

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

MATTHEW D. MCKISSOCK

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00